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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/016,130 12/17/2001 ABN which is a CON of PCT/EP00/05386 06/13/2000 S/T

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY 199 27 689.7 06/17/1999 S/T

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 12/12/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 4	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

34456

**TITLE**

Oral administration forms for administering a fixed tramadol and diclofenac combination

<b>FILING FEE RECEIVED</b> 894	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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